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ABSTRACT

The Texas Education Agency bulletin examines aspects of physical education for students with handicaps. Following a statement of philosophy, the guidelines address the following topics: assessment (characteristics of motor assessment instruments); the developmental program plan (program organization, descriptors and skills for essential elements); physical education instructional arrangements and settings (nine possibilities, including regular class with minor modifications and regular class with individual or low ratio instruction); health and safety considerations for students with physical or health impairments; and options for service delivery in adapted physical education. Answers to commonly asked questions on such topics as teacher role and responsibility and curriculum content are followed by a list of considerations for program design (personnel, curriculum/program design, student assessment, resources, and staff development). Among appended material are summaries of seven exemplary programs in physical education and a descriptive list of motor assessment instruments. (CL)

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Physical Education For Handicapped Students

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Technical Assistance Bulletin

Texas Education Agency
Special Education

PHYSICAL EDUCATION FOR HANDICAPPED STUDENTS

Technical Assistance Bulletin

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April 1986

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FOREWORD

Physical Education for Handicapped Students was prepared as a guide for teachers and administrators who continue to pursue the goal of quality instructional programs for special education students.

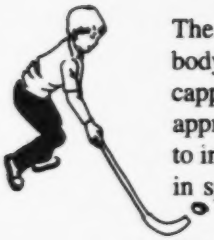
W. N. Kirby
Commissioner of Education

CONTENTS

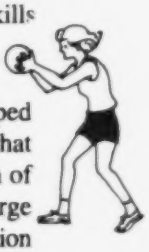
Philosophy of Physical Education 1
Assessment 2
The Developmental Program Plan 3
The Physical Education Program
(Elementary: Prekindergarten-6) 4
The Physical Education Program
(Secondary: 7-12) 6
Physical Education Instructional Arrangements
and Settings 7
Health and Safety Considerations for Students with
Physical or Health Impairments 11
Options for Service Delivery 13
Commonly Asked Questions 14
Considerations for Quality 23
Appendices 25
Authority References Related to Physical Education 26
Exemplary Programs in Physical Education 27
Motor Assessment Instruments 35
Accessibility Checklist 38

PHILOSOPHY OF PHYSICAL EDUCATION

Physical education focuses on the learning of gross motor skills in order to enhance growth in all developmental areas (motor, cognitive, social, and emotional). A quality physical education program addresses the needs of individual students as they develop a healthy lifestyle in which they approach activity in a vigorous and fulfilling way. Through physical education, students learn to pursue leisure activities which contribute to healthy daily functioning, physical growth, future wellness and "just plain fun."

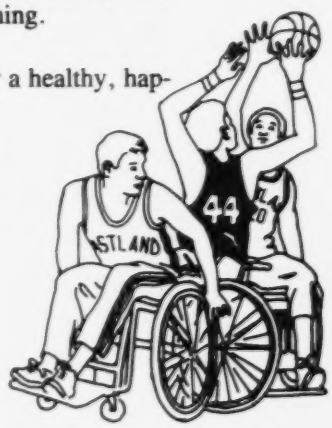


The essential elements of physical education include skills in the areas of fitness, body image, rhythms, games/sports, gymnastics, and lifetime activities. Handicapped students must have access to instruction in these essential elements, where appropriate. Physical education, as it appears in special education rules, is defined to include the development of physical fitness, fundamental motor skills and skills in sports and games. [34 Code of Federal Regulations (C.F.R.) 300.14]



Handicapped students need physical education as much as their nonhandicapped peers. As adults, many handicapped individuals find themselves in vocations that require a high degree of gross motor functioning for which a good foundation of physical education is important. Handicapped individuals often have available large amounts of leisure time which should be used in productive ways. Physical education can help the handicapped individual to participate with others (including the nonhandicapped) in the recreational and sport activities available to all members of a community. Through physical education, the severely handicapped individual can learn to play, to move in functional ways, and to experience a healthy life. For many handicapped students, movement is a mode for learning.

A sound physical education program provides the foundation for a healthy, happy, and productive lifestyle. This we owe to all students.



ASSESSMENT

Probably the most crucial factor in determining how to design physical education programs for handicapped students is the accurate assessment of motor skills. Appropriate assessment instruments, administered correctly, provide: 1) information on present level of functioning; 2) data on which to base goals and objectives; 3) insight into which activities to select to help students reach their full potential; and 4) a rational basis for selection of appropriate placement. In addition, the *State Board of Education Rules for Handicapped Students* state that "Assessment for adapted physical education may be performed by appropriately trained physical education or special education personnel." [19 Texas Administrative Code (TAC) §89.233(h)(2)]

When a student is referred for comprehensive assessment in order to determine the need for special education services, the parents must consent to the assessment after appropriate notification and prior to any assessment procedures. The assessment notice to parents must contain, "a description of each evaluation procedure, test, record, or report the agency uses..." [34 C.F.R. 300.505(a)(3)]. Once parental consent is received, the initial comprehensive assessment must also include a physical evaluation.

> The assessment of an individual's physical factors (including psychomotor abilities) must consist of an examination of physical conditions which directly affect the student's ability to profit from the educational process. A general medical examination shall be required only when specified by eligibility criteria or when abnormal physical factors have been identified as part of the assessment of physical factors. The health information collected during the referral process shall be sufficient if a complete medical examination is not required by specific eligibility criteria and if there are no indications of need for further physical assessment. [19 TAC §89.233(e)(3)(D)]

This initial comprehensive assessment allows for the determination of eligibility for special education services.

Once the admission, review, and dismissal (ARD) committee determines that a student meets eligibility criteria and will receive special education services, an individual educational plan (IEP) is designed and program needs are identified. The IEP must contain a statement of present competencies taken from the assessment data related to students' educational needs in the academic/developmental, physical and behavioral areas. In the physical areas, this brief statement shall include "physical abilities and disabilities which would affect participation in instructional settings or in physical education." [19 TAC §89.223(a)(1)(B)]

The educational priorities for the student are then used to develop the annual goals and short-term objectives when regular physical education is not indicated. These goals and objectives are included in the IEP. When a program other than regular physical education is indicated in the IEP, there must be an assessment of adapted physical education needs including physical fitness, fundamental motor skills, and skills in games and sports. [19 TAC §89.233(h)(2) and 34 C.F.R. 300.14(b)(2)]

Motor assessment instruments should include the following characteristics:

1. The assessment instrument should be clear, concise, and readily understood by all staff members.
2. The instrument should contain items representative of the "well-balanced" curriculum in physical education such as physical fitness, fundamental motor skills, and skills in games and sports.
3. The assessment process should guide both placement and instructional decisions.
4. The assessment process should consider the physical and/or health limitations of the student.

The Appendix includes an overview of various assessment instruments appropriate for the motor area. However, a combination of items from several instruments may best meet the criteria for feasible and appropriate assessment in physical education.

THE DEVELOPMENTAL PROGRAM PLAN

The State Board of Education has designated the essential elements of physical education through amendment of Section 21.101 of the Texas Administrative Code. Each school district is required to provide instruction in these elements. The following two sections include the essential elements for the physical education program plan at both the elementary and secondary level. The skills listed beside the descriptors for each essential element are indicated as examples for additional clarification. Districts must ensure that handicapped students have access to education that is equal, in terms of basic skills content, to that of their nonhandicapped peers. In the case of the mildly handicapped, this may require modification of instructional methods, settings, materials, and time. However, for severely handicapped, instruction may have to be based on goals and objectives that are more developmental in nature and appropriate for student abilities, age, and learning potential. These educational decisions are the responsibility of the admission, review, and dismissal committee.

Program organization refers to arranging an appropriate number of program objectives into a structure which promotes student learning. The organization must provide a sequential basis of continuous learning for students as they advance from skill to skill. The steps necessary to complete this organizational task are listed below.

1. Identify appropriate program levels.
2. Place program objectives in appropriate levels.
3. Determine amount of instructional time available.
4. Determine amount of time needed for effective instruction.
5. Determine how many program objectives can be included in the instructional program.
6. Arrange program objectives into teaching units.

Instruction must focus on promoting student achievement of the objectives or skills included at each level if overall program goals or essential elements are to be achieved. Quality programs require each succeeding program level to build upon the accomplishments of the previous level. Accomplishment is a key word if the program is to be considered developmental. For example, a developmental program would result in students achieving functional competence on objectives such as "run," "catch," and "throw" (enabling skills) prior to expecting them to achieve a more advanced objective such as "fielding" in softball. Placing program objectives at appropriate levels consistent with available and needed instructional time requirements is critical to maximizing the benefits of instruction.

THE PHYSICAL EDUCATION PROGRAM
ELEMENTARY
(Prekindergarten to Sixth Grade)

ESSENTIAL ELEMENT #1: Physical fitness development to improve the quality of life

DESCRIPTORS:	SKILLS*:
• Opportunities to participate in developmental activities related to: • muscular strength • endurance • flexibility • cardiorespiratory endurance	stamina upper body strength and endurance abdominal strength and endurance trunk and leg flexibility relaxation weight maintenance

ESSENTIAL ELEMENT #2: Motor skills that develop positive body image and confidence

DESCRIPTORS:	SKILLS*:	
• Opportunities to acquire fundamental movement skills: • locomotor • non-locomotor • manipulative • posture and body mechanics	crawl walk run leap horizontal jump vertical jump hop gallop slide skip bend/stretch push/pull twist/turn roll a ball	kick bounce catch strike hit a lightweight ball standing sitting ascend/descend stairs pulling pushing holding/carrying lifting/lowering falling safely throw
• Opportunities to develop perceptual awareness skills: • body awareness • spatial/directional awareness • coordination • balance	body parts body actions body planes shapes and sizes directions in space personal/general space	eye-hand coordination eye-foot coordination static balance dynamic balance inverted balance

*These are examples of skills that may be included in the learning of the essential elements. These skills do **not** appear in Texas Administrative Code.

4

ESSENTIAL ELEMENT #3: Rhythmic activities that develop coordination, self-expression, creativity, and endurance

DESCRIPTORS:	SKILLS*:

• Opportunities to participate in rhythmic activities:
  • fundamental skills
  • creative rhythms
  • singing games
  • rhythmic activities for endurance
  • folk dance
	move to a beat
	accent
	communication
	dance formations
	step-hop
	schottische
	polka
	two-step

ESSENTIAL ELEMENT #4: Skill related to games and sports

DESCRIPTORS:	SKILLS*:
• Opportunities to participate in skills common to games and sports	start/stop dodge accuracy in propelling objects accuracy in striking objects defensive/offensive strategies
• Opportunities to participate in games, sports, contests, and relays	follow rules compete exhibit teamwork
• Opportunities to develop and practice behavior reflective of good sportsmanship and safety	proper use and care of equipment follow directions cooperate exhibit self-control

ESSENTIAL ELEMENT #5: Sequential gymnastic and tumbling skills

DESCRIPTORS:	SKILLS*:
• Opportunities to develop gross motor skills	personal space general space static balance dynamic balance inverted balance body rolls and rotations eye-body coordination upper body development creep crawl climb
• Opportunities to participate in gymnastics and tumbling	tumbling balance beam trampoline vaulting floor exercise

*These are examples of skills that may be included in the learning of the essential elements. These skills do **not** appear in Texas Administrative Code.

THE PHYSICAL EDUCATION PROGRAM
SECONDARY
(Seventh to Twelfth Grade)

ESSENTIAL ELEMENT #1: Knowledge and motor skills basic to efficient movement

DESCRIPTORS:

- Opportunities to participate safely and efficiently in movement skills included in sports, stunts, and other activities
- Opportunities to improve perceptual motor skills
- Opportunities to analyze, review, and improve movement skills basic to the activity being taught
- Opportunities to practice efficient movement
- Opportunities to improve skills necessary for successful participation in physical activities

ESSENTIAL ELEMENT #2: Rules, knowledge, and skills basic to beginning or intermediate participation in individual, dual, and team sports

DESCRIPTORS:

- Opportunities to participate with other students in individual, dual, team sports, and voluntary intramurals
- Opportunities to develop new and more complex skills needed for success in games and sports
- Opportunities to practice behavior reflective of good sportsmanship
- Opportunities to learn skills, rules, strategies, officiating techniques, protocol, and safety practices appropriate to individual, dual, and team sports

ESSENTIAL ELEMENT #3: Motivation and development of a high level of personal and physical fitness and the ability to maintain this level

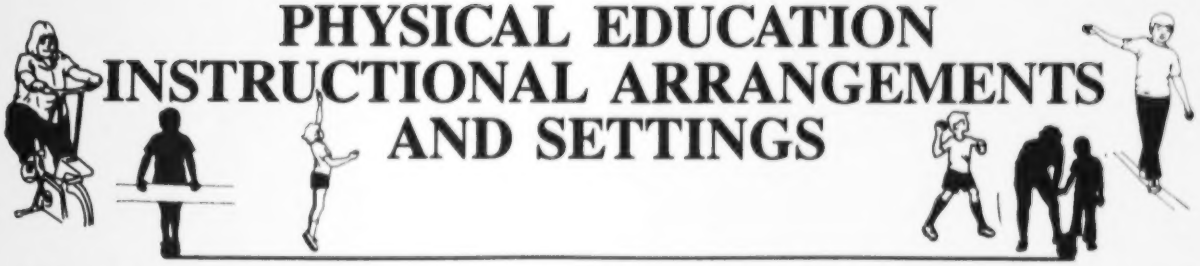
DESCRIPTORS:

- Opportunities to participate in vigorous activities for periods of increasing duration
- Opportunities to assess levels of fitness
- Opportunities to participate daily in fitness and conditioning activities that develop total fitness

ESSENTIAL ELEMENT #4: Knowledge and skills for leisure and lifetime sports activities

DESCRIPTORS:

- Opportunities to participate in varied physical recreational activities that could be continued throughout life
- Opportunities to learn physical recreational and leisure time use of resources available in the community



PHYSICAL EDUCATION INSTRUCTIONAL ARRANGEMENTS AND SETTINGS

Student placement based on the goals and objectives of the individual educational plan (IEP) is a critical decision. Identifying the instructional setting in which the student's needs can be met involves the consideration of a complex array of factors. The paramount factor in any placement decision is the availability and validity of current assessment information.

Consideration of the whole child is a prerequisite to proper placement. It should not be assumed, for example, that the regular physical education program will accommodate every student who possesses a sufficient repertoire of functioning motor skills. Obviously, personality and behavioral considerations must also be evaluated. The placement decision should be based on choosing the best possible environment in which the student can successfully pursue the goals and objectives specified on the IEP. In physical education, full development of the individual's motor potential is the ultimate instructional objective. Thus, the placement decision should be made with this objective in mind. In addition to student characteristics, the placement decision must be based on additional factors such as instructional personnel, facilities, equipment, and scheduling. "Each local school district or cooperative shall be able to provide services to handicapped students with special education personnel on an itinerant, helping teacher, resource, partially self-contained and self-contained basis in order to meet the special needs of handicapped students." [19 TAC §89.242(a)]

The following section describes nine possible instructional arrangements and settings in physical education.

Regular Physical Education Class

Special education students do not invariably need some type of adapted physical education program. Many such students can be physically educated in the mainstream or the regular physical education class with no modifications. Candidates for the regular physical education class are functioning at a fairly high motor performance level and possess sufficient levels of understanding and communication to function with ease in the regular environment. Often, the regular physical education class furnishes the prime opportunity to normalize the student's learning environment. The student is more able to participate in the mainstream with success and receive reinforcement and motivation for efforts where learning deficiencies are minimized. The physical education class may be a welcome period of relief from tension providing a much-needed energy and emotional release outlet. The satisfaction and achievement which results may carry over into the student's other daily activities. In addition, after school recreational and sports opportunities with nonhandicapped classmates may be a reality for many of these students. The regular physical education teacher can provide this instructional arrangement with no modification of scheduling, organization, or class management.

Regular Class with Minor Modifications

This type of placement will also involve the fairly high level performer who can function in the regular class environment. Some minor modification in the program is necessary, however, to accommodate specific limitations or disabilities. Emphasis on individual modification need not be disruptive to the operational format of the class. In fact, the teacher may find that such attention to individual needs would be appropriate for regular instruction. There are many students in the nonhandicapped population who come to the physical education class with physical deficiencies. These may include low levels of strength, lack of speed, ability, or balance, and performance difficulties in specific tasks. Many adapted physical education specialists maintain that the classic adapted-developmental class format would serve the regular class well since a large percentage of these students have some type of performance deficit.

The process of adaptation need not pose a threat to the physical education teacher. Adaptation is incorporated into any teaching situation where learning is taking place as all students do not function at the same level. The pre-instruction exercises can serve as an example. All students cannot perform the side-straddle hop at the same rate or cadence, although this is typically the expectation. By designating a certain number of repetitions or a specific time period, the students can perform at their own pace rather than in unison where slower, less coordinated students try to keep up with faster, more skilled performers. Such an approach can be used with any exercise or calisthenic.

Another form of adaptation useful with special learners but applicable to the regular class is substitution. Substitution is a helpful technique to use with the physically impaired, health restricted, or students with low levels of coordination or fitness. While the majority of the class performs the push-ups, a cerebral palsied student with an affected arm that lacks strength could perform an alternate activity such as modified push-ups and arm circles. The substitute activity can be designed to develop the same component as the regular activity (strength, coordination, endurance) or be a complete substitute. Substitution need not disrupt the regular class structure if minimal attention is given to individualization. With some degree of organization, students can perform completely different exercise routines designed for individual need during the same time period.

The individualization concept can be extended to other phases of the instructional period. During class relays, for example, ability grouping can equalize groups for competition. Other methods may include varying numbers in groups or alternative activities. While four relay groups participate in the basketball dribble, a fifth group or even one student can run carrying the basketball, do a soccer kick relay, or just run. Ability grouping can easily accommodate all levels of learners. It is simply an extension of substitution as students may be involved in varying tasks to accomplish the same objective. However, the physical education teacher must be sensitive to needs of individuals and understand limitations imposed on them as a result of specific handicapping conditions.

Regular Class with Individual or Low Ratio Instruction

This type of placement will involve students who have the basic physical skills necessary to participate in the regular instructional program, but may have some deficiencies which affect performance in specific activities. For example, a student may have hand-eye coordination deficits which make participation in softball difficult. A student with upper body weakness may need to have a gymnastics program modified. The concept of individualization in programming helps the teacher implement a successful instructional arrangement.

The physical education teacher will immediately recognize the need for class organization to make such an approach successful. Scheduling can aid in the process, as this arrangement works best in schools where classes are small or student load can be adjusted. Ability grouping and the use of small groups are helpful. Individualization can take place in small groups or can be literally individual. When some students need individual attention, the rest of the class must be involved in group instruction or participation. The involvement of additional personnel might be considered. Use of teacher aides, team teaching, and peer-tutoring are techniques discussed in other sections of this publication.

Emphasis should remain on those skills which will allow the student to participate in most of the regular class activities. Although individual attention is emphasized, this attention need not be constant on the part of the teacher. Once an individual instructional routine is set up, the student can learn to drill or practice with supervision, and possibly alone. Teacher time can be devoted to program adjustment, periodic supervision, and individual instruction.

Regular Class with Part-Time Participation in Special or Individual Class

The regular class part-time alternate placement focuses on the student who has the physical capability to participate in most regular class activities. However, specific deficiencies require some segregated instruc-

tion. This type of arrangement is especially useful as an enrichment experience for students who need extra time and practice to benefit from the regular instruction. It usually involves additional personnel or special teaching arrangements.

The time frame for the alternate or enrichment portion of the program can vary according to need and scheduling. Instructional time outside regular class may be scheduled daily, on alternate days, weekly, or as needed. Instruction is intense with the environment structured to minimize distraction and ensure individualized learning. Instructional personnel should be aware that this arrangement can also accommodate regular education students. Special fitness sessions, creative movement sessions, or other specified instruction can be offered under this arrangement.

The physical education teacher should conduct the special needs section of the class while other students are instructed through team teaching or some other method. These sessions may be scheduled before or after school or during off-periods. Special education teachers may also be trained and supervised for this purpose, if necessary.

Special Class with Part-Time Participation in Regular Class

This type of placement involves the student whose motor performance capabilities do not allow full-time participation in the regular physical education class. However, this student can participate to some extent on a regularly scheduled daily, weekly, or alternate day basis. The regular class may provide this student with the opportunity to exhibit special skills or engage in pleasurable activities. For example, the special learner may run daily with the class during endurance training. This student may need the structure of the exercise or calisthenic portion of class, but need a different arrangement during the instructional phase.

This instructional arrangement requires formation of a special class along with the regular class. Thus, a demand for additional personnel becomes obvious as classes will probably be concurrent.

Special Class with Periodic Participation in Regular Class

Students eligible for this type of placement are primarily assigned to a special class. Periodically, however, they may benefit from regular class activities. Students may demonstrate new, novel, or proficient skills. Some activities may be modified for special learners at field days or track meets or during tournaments which climax instructional units. This interaction should be based on student interest and capability, not scheduled on a regular basis.

Special Class

The decision to create a placement option designated exclusively as a special class with minimal or no interaction should be based on student need. There are learners whose motor education needs cannot be met in the regular physical education class. They can neither learn nor function in the regular class environment. Reasons may include severity of handicapping condition, severity of motor impairment, extent of motor performance deficit, behavioral characteristics, or personality disorder.

However, students in special education self-contained classes should not be assigned to special physical education as a group due to scheduling efficiency. A special education class is often scheduled in a convenient time slot when a facility is available, with no regard for ability and needs of the learners. Special class placement should be based on need alone. The learning environment should be structured according to learning needs and potential, not based solely on facility and staff limitations.

Teaching personnel are a major consideration in special class placement. If possible, the regular physical education teacher should be available, if only for consultation. A consultant or itinerant teacher may be the solution to instructional needs. These teachers may either conduct a regular direct service program or direct others periodically.

Small Group Arrangement

This option is a modification of the special class arrangement. The learning environment must sometimes be tailored for those individuals who cannot or will not learn in a larger group because of behavior, fear, distractibility, and extreme need for supervision. Personnel and scheduling implications are similar to those discussed under special group placement. Class scheduling and organizational procedures may vary with small groups.

Individual Instruction

There are occasions in which students must receive one-to-one instruction because they are so distractible that any group interaction is not feasible. Some personality and behavioral conditions, such as autism, may also demand individual instruction. For this reason, teachers may need special training with specific populations. Assessment and attention to specific motor needs are essential, along with specialized teaching and management techniques which may aid in individual instruction.

HEALTH AND SAFETY CONSIDERATIONS FOR STUDENTS WITH PHYSICAL OR HEALTH IMPAIRMENTS

Condition	Health/Safety Considerations
Amputations	Sports and games should be encouraged. The prosthesis may need to be padded in order to provide a more equal basis for competition. Upper limb prostheses should not be worn in contact sports. However, in activities with less contact, the prosthesis may be essential to performance or may help in the maintenance of balance and timing.
Asthma	Minimize restrictions and limitations on activity. Talk with the family to determine potential irritants which may trigger an attack (such as dust and grass pollens). If these irritants are present, plan activities inside or on a concrete slab. Swimming is an excellent activity along with games requiring short bursts of energy such as baseball. Mild attacks should be treated by having the student sit down and breathe easily. Drinking warm water may be helpful.
Cerebral Palsy	Participation depends on degree of impairment. Terminate activities before fatigue occurs to reduce frustration. Communicate with medical-therapy unit to identify therapeutic goals. Increase activity space to account for problems in balance and involuntary muscle spasms.
Convulsive Disorders	Most individuals with convulsive disorders are controlled medically and rarely experience seizures. For those whose seizures have not been fully controlled for two years, certain safety precautions are recommended. These students should avoid activities where loss of consciousness would result in injury. Be aware of first aid measures. Should a seizure occur, loosen restrictive clothing, turn the student's head to the side, and remove objects from around the student to prevent injury.
Cystic Fibrosis	Physical activity is desirable in that it helps clear secretions from the lungs. While physical stamina may be impaired, the student should be permitted to engage in activities as fully as possible. Allow student to leave class to clear the lungs during periodic coughing spells. Be aware of the need for additional salt in hot weather and heavy perspiration.
Diabetes Mellitus	Exercise is valuable to the diabetic. It diminishes the requirement of insulin and improves circulation. Exercise should be regulated so that there is about the same amount each day. However, if more exercise than usual is anticipated, the student should stop after each half to full hour and eat a snack. A lump of sugar or candy should be kept on hand to eat in case of insulin reaction. Cleanliness and skin care are important. Treat any break in the skin promptly.
Down's Syndrome	No special considerations are necessary unless atlantoaxial dislocation condition is present. This spinal condition, which is present in about 17% of Down's Syndrome individuals, can result in serious injury from activities involving hyperextension or extreme flexion of the neck. A physician's report indicating the presence or

	absence of this condition should be considered before identifying physical education activities.
Heart Disease	Be aware of shortness of breath, faintness, cyanosis, chest pain and rapid heart rate. These indicate unusual fatigue and a need for immediate rest. The student's progress should be reviewed with a physician at periodic intervals.
Hemophilia	The development of coordination and good musculature is especially important in the prevention of joint damage and severe bleeding episodes. Contact sports and those with a possibility of being hit with an object should be avoided. Swimming, golf, dance, and hiking are good activity choices. Bruises and bumps require immediate medical attention.
Muscular Dystrophy	Fatigue becomes progressively more common. Allow rest periods when this occurs. Provide "enjoyable" activities in physical education.
Spina Bifida	Even though the student may ambulate on long leg braces, a wheelchair may make sport and game participation easier. Encourage the development of the trunk and upper extremities. Poor circulation and lack of sensation may cause pressure sores. The student should inspect under the braces after physical activity.
Spinal Cord Injury	Stretch and strengthen upper extremity muscles. Recognize and treat injuries to areas with poor circulation and sensation.
Rheumatoid Arthritis	Strenuous contact activities are not recommended as they may increase pain and damage to the joints. Activities must be modified to reduce stress on joints. Emotional depression and anger are common. Games and sports can act as a release.
Sickle Cell Disease	Restrict activities of cardiovascular endurance as increased oxygen utilization from the blood predisposes an attack. Overheating should also be avoided.
Deaf and Hard of Hearing	Face the student when communicating. Have student remove hearing aid during vigorous play. Encourage cooperative activities with clear rules and directions. Balance may be impaired due to reduced functioning of semicircular canals. Limit climbing and apparatus work until body control can be attained through balance beam exercises.
Blind and Visually Impaired	Active games and sports are encouraged for most students. The student should be allowed to "feel" demonstrations. Simple game modifications such as batting tees and use of auditory cues make most physical activities possible for the visually impaired or blind student. Students with glasses should wear protective guards. Students with a history of retinal detachment should not receive blows to the head. Due to the increase in ocular pressure, weight lifting should be avoided by those with glaucoma.

References:

Bleck, E. E. and Nagel, D. A. (eds.) *Physically Handicapped Children: A Medical Atlas for Teachers*, New York, Grune and Stratton, 1975.

Adams, R. C., Daniel, A. N. and Rullman, L. *Games, Sports, and Exercises for the Physically Handicapped*, Philadelphia, Lea and Febiger, 1972.

OPTIONS FOR SERVICE DELIVERY IN ADAPTED PHYSICAL EDUCATION

The service delivery model in adapted physical education depends on the individual needs of students. The section of this publication dealing with instructional arrangements and settings indicates the wide variety of placement options available. The personnel who implement programs in these various settings are the most important consideration.

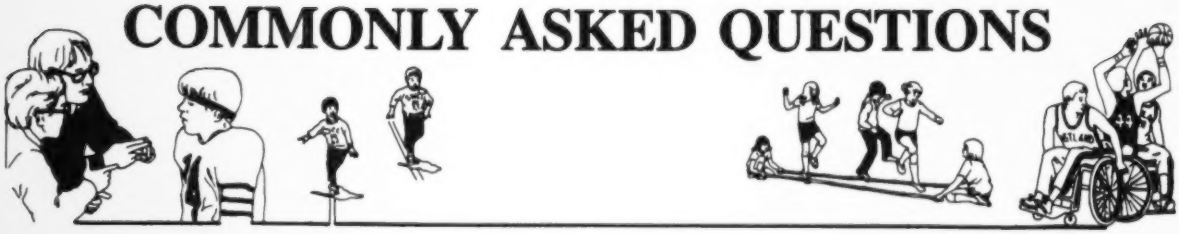
A major concern of any administrator is identifying who will conduct the day-to-day instruction in adapted physical education. This selection will vary according to the needs, size, and resources of the district. Possible personnel arrangements may include a teacher to be assigned at each site, itinerant or floating teachers, specialists with teaching responsibilities, specialists with teacher supervision responsibilities along with teaching, or outside consultants who may operate in any combination of the above. Another option can be a consultant, specialist, or lead teacher who conducts an ongoing teacher education program at field sites. The varied instructional arrangements may involve personnel from several related disciplines. Physical education and special education teachers may be the primary direct service deliverers, although aides and other specialists could also be involved. Physical education teachers—because of training, and experience in motor education as a specialized teaching area—should be the main resource for the adapted program. Special education teachers, with their knowledge and experience with special learners, can be a valuable supplementary resource.

Since the variety of delivery systems in operation seems almost endless, the following chart outlines options under four categories: personnel titles, percent of time, roles and service delivery location. The options may be combined in numerous ways in order to design the best system for the school district.

Personnel Title	Percent of Time	Roles	Service Delivery
Adapted Physical Educator	100% Adapted Physical Education	Direct Instruction	Self-Contained Class
Regular Physical Educator	Part-time Adapted Physical Education and Part-time Regular Physical Education	Consultant: Assessment Instructional Design Resource Broker Advocate Etc.	School Wide
Special Educator/ Self-Contained*	Part-time Adapted Physical Education and Part-time Therapist		Itinerant
Special Educator/Resource*			
Occupational Therapist			
Physical Therapist			
Other Related Service*			
Aides (Under supervision of a certified teacher)			
Outside Consultants			

*With necessary skills and knowledge [19 TAC §89.213(d)(7)]

COMMONLY ASKED QUESTIONS



- *What is adapted physical education?*

Adapted physical education is defined as the science of analyzing movement, identifying deficiencies within the psychomotor domain, and developing instructional strategies to remediate identified deficiencies. It encourages positive social interaction and self-esteem, and facilitates motor achievement.[1]

- *What is the difference between physical education and recreation?*

The federal regulations define physical education as "the development of:
(A) Physical and motor fitness;
(B) Fundamental motor skills and patterns; and
(C) Skills in aquatics, dance, individual and group games, and sports (including intramural and lifetime sports)."
[34 C.F.R. 300.14(b)(2)]

"Recreation includes:
(i) Assessment of leisure function;
(ii) Therapeutic recreation services;
(iii) Recreation programs in schools and community agencies;
(iv) Leisure education."
[34 C.F.R. 300.13(b)(9)]

- *What is recreation therapy?*

Recreation therapy is considered a related service. It is defined as "a process which uses recreation services for purposeful intervention in some physical, emotional, or social behavior to bring about a desired change in that behavior and to promote the growth and development of the individual."
[19 TAC §89.217(b)(8)]

- *Can physical or occupational therapy substitute for physical education?*

No. Physical and occupational therapy are related services which are necessary to enable the student to benefit from special education or regular instruction. Some students will not need related services. [19 TAC §89.217(a)] However, physical education is an instructional service that must be provided to all handicapped students receiving special education. This service may include physical education in regular classes, with or without modifications; special physical education; adapted physical education; movement education; and motor development. A related service may not be a substitute for physical education. [34 C.F.R. 300.14]

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[1]Adapted from Sherrill, C., *Adapted Physical Education and Recreation* (Dubuque, Iowa: Wm. C. Brown, Publisher, 1981).

- *Can the development of skills for Special Olympics competition be included in a student's education program as activities to implement the essential elements for physical education?*

The development of skills for Special Olympics competition may be included in a student's education program as activities to implement the essential elements for physical education. However, it may be necessary to supplement the program with additional activities and objectives in order to address **all** of the essential elements of the well-rounded curriculum.

- *Who can teach physical education for the handicapped?*

"(A) When the ARD committee has made the recommendation and the arrangements are specified in the student's IEP, physical education for the handicapped may be provided by the following personnel:
  (i) special education instructional or related service personnel who have the necessary skills and knowledge;
  (ii) physical education teachers;
  (iii) occupational therapists;
  (iv) physical therapists; or
  (v) occupational therapy assistants or physical therapy assistants working under supervision in accordance with the standards of their profession.

(B) When these services are provided by special education personnel, the district must document that they have the necessary skills and knowledge. Documentation may include, but need not be limited to inservice records, evidence of attendance at seminars or workshops, or transcripts of college courses."

[19 TAC §89.213(d)(7)]

- *What skills does an adapted physical education teacher need?*

Both the Board of Directors of the Texas Association for Health, Physical Education, Recreation, and Dance and the Council for Personnel Preparation for the Handicapped endorsed the following recommendation for competencies in adapted physical education.

(1) Knowledge of motor characteristics, behaviors, and developmental sequences (including birth through 22) associated with various handicapping conditions in relation to normal motor development,

(2) Knowledge of neurological basis of normal and abnormal motor control and sensory motor integration methods for teaching physical education to severely handicapped, nonambulatory, and multiply handicapped students,

(3) Skills in psychomotor assessment and a variety of physical education techniques and procedures for implementing the individual educational plan, and

(4) Developmental teaching methods/materials and gymnasium organizational abilities in physical and motor fitness, fundamental motor skills and skills in aquatics, dance, individual and group games and sports for students with handicapping conditions and/or motor problems.

- *What responsibilities should an "adapted physical education specialist" assume?*

Depending on the size of the district, the needs of the physical and special education staff, and the type of handicapped students that are served, the specialist may assume any or all of the following roles:

- direct service provider for students in self-contained physical education class;
- resource consultant for all staff providing physical education to handicapped students;
- appraisal specialist in assessing students with special motor needs;
- ARD committee member who helps develop the IEP in the motor area;
- Consultant who provides both formal inservice training and informal on-site support to individual teachers;
- program advocate for students and teachers; and
- program coordinator who conducts multidisciplinary meetings, develops curricular materials, and plans comprehensive services through other community programs.

- *Can physical education certified staff with no special education endorsement be supported by special education funds in order to serve the handicapped in physical education?*

Federal or state special education funds may be used to pay any of the personnel eligible to provide physical education for the handicapped, regardless of whether they have special education endorsement. In order to be paid from special education funds, the staff member must be working with handicapped students exclusively or the salary must be prorated, based on the percentage of time spent serving the handicapped.
[19 TAC §89.213]

- *Who can assess the motor/physical education needs of special education students?*

Each handicapped student must have the opportunity to participate in the regular physical education program unless the student is enrolled full-time in a separate facility or needs specially designed physical education, as prescribed in the student's individualized education program. In these cases, "assessment for adapted physical education may be performed by appropriately trained physical education or special education personnel."
[19 TAC §89.233(h)(2)]

- *Because of the possible presence of Atlantoaxial Dislocation Condition (ADC), is an x-ray required for all Down's Syndrome students prior to the ARD committee planning a physical education program?*

Seventeen percent of individuals with Down's Syndrome evidence ADC and, therefore, may suffer serious injury to the spinal cord from participating in fairly standard physical education activities such as gymnastics, high jump, pentathlon, soccer, and some warmups. X-rays are essential diagnostic procedures for proper determination of an appropriate educational program for Down's Syndrome students. It would be a violation of federal and state regulations if a district denied a student with Down's Syndrome an opportunity to participate in a full physical education program merely on the "suspicion" of a condition that exists in a portion of the population. The district is responsible for the cost of x-rays to identify ADC under the concept of "free appropriate public education."

ADC may be diagnosed as early as two and one-half years of age. While it is believed that the condition exists throughout life, x-rays are recommended every five to six years until the individual reaches adolescence, whether or not ADC is diagnosed. In order for ADC to be diagnosed, x-rays must provide views of the cervical spine fully extended and flexed. In rare cases, the condition may exist even though it does not appear in normal x-rays.

Documentation of ADC should be filed in the student folder in the form of a physician's statement indicating that ADC is present or absent as a result of the x-rays with recommendations for participation in physical education activities. All Down's Syndrome individuals must be temporarily restricted from all activities placing stress on the neck until such a statement is obtained. Those who are found to evidence ADC must be permanently restricted from such activities as specified by their physicians.

Parental consent must be obtained in advance for such medical diagnostic procedures as x-rays.
[34 C.F.R. 300.4, 300.14, and 300.500]

- *What is the role of the adapted physical education aide in the ARD committee decision?*

While the adapted physical education aide cannot be considered a voting member of the ARD committee, the aide can contribute valuable information in formulating the student's IEP. The aide with primary responsibility for implementing the adapted physical education program should participate in the ARD committee meeting by presenting assessment results and discussing student behaviors.

- *Are all special education students required to receive physical education instruction?*

Yes. "Physical education services, specially designed if necessary, must be made available to every handicapped child receiving a free appropriate public education." The regulations continue to state:

"(b) Regular physical education. Each handicapped child must be afforded the opportunity to participate in the regular physical education program available to nonhandicapped children unless:
  (1) the child is enrolled full-time in a separate facility; or
  (2) the child needs specially designed physical education, as prescribed in the child's individualized education program.

(c) Special physical education. If specially designed physical education is prescribed in a child's individualized education program, the public agency responsible for the education of that child shall provide the services directly, or make arrangements for it to be provided through other public or private programs.

(d) Education in separate facilities. The public agency responsible for the education of a handicapped child who is enrolled in a separate facility shall ensure that the child receives appropriate physical education services."

[34 C.F.R. 300.307]

In addition, the Report of the House of Representatives on Public Law 94-142 includes the following statement regarding physical education:

"Special education as set forth in the Committee bill includes instruction in physical education, which is provided as a matter of course to all nonhandicapped children enrolled in public elementary and secondary schools. The Committee is concerned that although these services are available to and required of all children in our school systems, they are often viewed as a luxury for handicapped children.

The Committee expects the Commissioner of Education to take whatever action is necessary to assure that physical education services are available to all handicapped children, and has specifically included physical education within the definition of special education to make clear that the Committee expects such services, specially designed where necessary, to be provided as an integral part of the educational program of every handicapped child."

[House Report No. 94-332, p. 9 (1975)]

- *How often must a special education student receive physical education instruction?*

The ARD committee makes this decision based on the instructional objectives specified on the student's IEP. This amount of time will be written on the IEP. However, unless the student is enrolled in a separate facility or specially designed physical education is indicated, the handicapped student must be afforded the opportunity to participate in the regular physical education program available to nonhandicapped students.

The time requirements for physical education under 19 TAC §21.101 are:

K-3—taught on a daily basis
4-6—112 minutes per week
7-8—130 clock hours
Graduation Requirements—1½ units

- *How can physical education staff be made aware of the health/safety needs of handicapped students?*

The physical/health assessment reported in the referral process and indicated on the ARD report should provide the needed information. "A general medical examination shall be required only when specified by eligibility criteria or when abnormal physical factors have been identified as part of the assessment of physical factors. The health information collected during the referral process shall be sufficient if a complete medical examination is not required by specific eligibility criteria and if there are no indications of need for further physical assessment."

[19 TAC §89.233(e)(3)(D)]

Students who are eligible for special education as orthopedically handicapped, other health impaired, or multiply handicapped with orthopedic or health impairments will have had a complete medical examination indicating the effect of the physical condition on the student's ability to profit from the educational process.

The school nurse is usually the best source of information for students who have special health and safety needs. The physical education staff should receive written information from the nurse regarding the student's physical condition and its effect on the student's ability to profit from physical education. Many nonhandicapped students have physical conditions which affect performance in only one area—physical education. These conditions include but are not limited to asthma, heart disease, joint abnormalities, diabetes, obesity, or allergies. They also include students with short-term disabilities such as post-surgery, post-illness, and post-accident cases.

- *How can the locker room and gymnasium area be made accessible to handicapped students?*

Facilities for handicapped students must be comparable to facilities for students in regular education. This requires that all school programs be accessible to handicapped students. An accessibility checklist can be found in the Appendix.
[45 C.F.R. 84.21-22]

- *What is considered a comprehensive or "well-rounded" curriculum in physical education?*

The federal regulations define physical education to mean "the development of:
(A) Physical and motor fitness;
(B) Fundamental motor skills and patterns; and
(C) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports)."
[34 C.F.R. 300.14(b)(2)]

A comprehensive curriculum in physical education for both regular and handicapped students would include objectives and activities from each of these three major goal areas.

In addition, the essential elements for physical education (which is one of the 12 curriculum subject areas required by Texas Education Code 21.101) are defined by each grade level, K-12. These essential elements apply to all students and must be included, when appropriate, in the physical education program for handicapped students. An outline of these essential elements by program level along with skills to describe each element is found in an earlier portion of this publication.

- *What services can the regional education service center provide?*

If the center has an adapted physical education consultant, the range of services may be very comprehensive. Otherwise, the center may recommend specific material and human resources to help meet needs. While some regional units may provide direct on-site consultation for staff, others may suggest contacting teachers for help in providing physical education services for handicapped students.

- *What modifications should be considered in adapting physical education games and activities for handicapped students?*

Activities should always be adapted with inclusion in mind. Several ways to modify activities include:

Modification	Example
(1) Changing the size and weight of the equipment	A playground ball is lighter and easier to handle than a regulation basketball.
(2) Changing the size of the playing area	Shortening the distance between bases may equalize competition in softball for an orthopedically handicapped student.
(3) Slowing or stopping a moving object	Using a batting tee instead of a pitch may help a visually impaired student to participate in baseball.
(4) Modifying the rules	Allowing students to catch, self-toss, and pass a volleyball that is served to them will speed up the game and provide more success experiences for all students.
(5) Providing more frequent periods of rest	Additional "time outs" can help a health-impaired student to participate in active sports.[2]

- *What is the role of the physical educator in the ARD committee deliberations?*

While it may not be possible for each physical education teacher to attend all of the ARD committee meetings, the teacher can share valuable written information. This information might include motor assessment results, documented observations of student motor and social behaviors in the physical education setting, an outline of skill sequences in physical education, special health/safety needs in physical education, and activity adaptations made to accommodate the student.

- *How should physical education objectives be described in the IEP?*

Physical education objectives should be specified in the same way as other subject matter objectives. Stated in measurable terms, they should include intermediate steps designed to achieve annual goals. [19 TAC §89.223(a)(3)]

- *How can behavior management techniques be implemented in the physical education setting?*

Physical education teachers should be familiar with the types of behavior management used in their school district. They must also follow the management plan specified in the student's IEP. The principles of behavior management that apply to the classroom also apply to the gymnasium. The following examples are included to illustrate the variety of behaviors that can be addressed in physical education.

[2]Adapted from Vodola, T. *Individualized Physical Education Program for the Handicapped* (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1973).

1. Increase the distance a student can throw a ball.
2. Eliminate a disruptive behavior such as arguing or fighting with peers during a game.
3. Decrease a negative behavior such as fear of height (balance beam) or water (swimming) or rough games (touch football).
4. Improve cooperation skills by increasing number of positive interactions with peers during a game.
5. Improve walking, running, and jumping movement patterns.
6. Decrease hyperactivity (i.e., inappropriate movement around the gymnasium) so that the student stays in the assigned space and attends to practicing the assigned motor skill.
7. Eliminate weight problems by facilitating losing or gaining a specified number of pounds in a set period of time.

- *How does the definition of physical education essential elements affect the physical education program for the handicapped?*

Instruction in essential elements designated for physical education must be provided for all school age students, including the handicapped. Instructional methods, settings, materials, and time may be modified in order to ensure that students with different abilities and needs are being accommodated. In some cases, particularly with the severely handicapped, the essential elements may not be appropriate. In these situations, developmental goals and objectives that allow the student to make progress toward the essential elements are indicated.

- *What types of specialized teaching techniques can be used to individualize instruction in physical education?*

The same specialized teaching techniques used in classroom instruction can be used effectively in physical education. These include contract teaching, team teaching, peer/cross-age teaching and learning stations. These techniques allow the teacher to provide activities for students at various levels of skill.

- *What information should be considered in making decisions about physical education placement?*

Decisions on placing students in regular or adapted physical education should not be based solely on physical abilities. While the student's physical health and movement abilities should be considered, the key issue lies in determining the appropriate program based on the goals and objectives of the IEP. For example, an emotionally disturbed student with an IEP goal of improving interpersonal relations in controlled one-to-one interactions may have difficulty in a physical education setting where team activities are common. While this student may be physically adept, the student may not be able to cooperate with others, a skill necessary for team participation. On the other hand, physically handicapped students who move in a wheelchair may be able to participate successfully in the same team activity because they have the necessary social skills.

- *What teaching styles are appropriate in the physical education setting?*

Teaching styles differ in the amount of freedom of choice given to students in a teaching task. Teaching styles range from direct, teacher controlled activities to indirect, student controlled activities.

Any of these styles can be appropriate, depending on the characteristics of the students and the nature of the skills being taught. Several styles may be used in one daily lesson. The class may start with a fitness time in which the students move from station to station on cue, doing preset exercises. The next activity may explore directions and levels of movement. A culminating activity for the day may be a creative game. Teachers should select and develop from among all the styles to allow a full realization of their own talents and physical education goals for students.

CONSIDERATIONS FOR PROGRAM DESIGN

In designing a quality physical education program for handicapped students, local needs and resources need to be considered. While the following components are not required, decisions about them will help in program delivery.

Personnel

- How many adapted physical education teachers are employed and/or needed by the district?
- What skills and knowledges are necessary for personnel providing physical education for handicapped students?
- What is the role of the adapted physical education teacher in conducting assessments, attending ARD meetings, providing instructional services, and assisting regular teachers?
- Are administrators aware of resources such as materials, equipment, organizations, and consultants available to teachers of physical education for handicapped students?
- What is the student/staff ratio in physical education for severely handicapped students?
- Are administrators using a variety of funding alternatives for hiring adapted physical education teachers?

Curriculum/Program Design

- Is a curriculum guide describing physical education for handicapped students available in the district?
- Does the physical education curriculum for handicapped students correspond to the regular education curriculum where appropriate?
- Does the physical education curriculum provide a scope and sequence of developmental skills from birth to 22?
- Does the curriculum contain opportunities for the development of physical/motor fitness, fundamental skills, and skills in games/lifetime sports?
- Are evaluative criteria available to guide administrators in monitoring the quality of the physical education program for handicapped students?
- Is there a procedure for the annual review of medical excuses that exempt students from regular physical education?
- Does the physical education program include opportunities for handicapped students to learn to use community resources for recreational and fitness activities?
- Do special education students in regular physical education receive instruction comparable to their nonhandicapped peers?
- Is the physical education program based on the handicapped student's individual education program (IEP) which includes present level of motor performance, long-range goals and short-term objectives?
- Do handicapped students who have achieved success in sports and dance serve as role models for other handicapped students?

Student Assessment

- Does the district have specific standards for placement of students in adapted physical education?
- Is the motor assessment conducted as part of the IEP process done by a physical educator or special educator specially trained in motor evaluation and who uses appropriate assessment tools?
- Does the district have effective screening programs for identifying students with motor problems?

Resources

- Are parents of handicapped students made aware of the physical education program and its importance?
- Do physical education teachers maintain communication with and seek cooperation from parents?
- Are program resources such as instructional materials, equipment, and media available for effective physical education instruction for the handicapped?
- Do personnel from special education, physical education, related services, nursing, and other areas work together effectively to promote physical education for the handicapped?
- Are teachers aides and/or volunteers used to supplement physical education services offered to handicapped students?
- How are regular physical education teachers held accountable for their handicapped students in terms of assessment, individualized teaching techniques, and reporting progress?
- Does the school district work with parents and other groups in promoting Special Olympics and/or other athletic programs for handicapped students?
- Do school and community personnel work together to facilitate community based recreation programs for handicapped students?
- Are facilities allocated for physical education of handicapped students architecturally accessible and comparable to those of nonhandicapped?

Staff Development

- Do administrative personnel understand the difference between adapted physical education, physical therapy, occupational therapy, and recreational therapy?
- Are teacher aides provided at least one session of inservice training each year on physical education instructional techniques?
- Do physical education teachers and administrators understand legislation and policies regarding physical education for handicapped students?
- Are regular physical education personnel provided at least one inservice training session each year on adapted physical education?
- Do administrators encourage persons who teach physical education to attend professional meetings, workshops, and seminars in order to strengthen their knowledge of programming for handicapped students?

APPENDICES

Authority References Related to Physical Education

Assessment	
19 TAC §89.233(h)(2)	(Who may conduct physical education assessment)
19 TAC §89.233(e)(3)(D)	(Content of physical assessment)
19 TAC §89.223(a)(1)(B)	(Content of IEP physical competency statement)
Definitions	
34 C.F.R. 300.14(b)(2)	(Definition of physical education)
34 C.F.R. 300.13(b)(9)	(Definition of recreation)
19 TAC §89.217(b)(8)	(Definition of recreation therapy)
34 C.F.R. 300.307	(Free Appropriate Public Education [FAPE] settings in which physical education can be provided)
Personnel	
19 TAC §89.213(d)(7)	(Who may provide physical education for handicapped students)

Exemplary Programs in Physical Education

The following programs have been approved by the U. S. Department of Education Joint Dissemination Review Panel (JDRP). Approval results after panel members have examined the evidence of effectiveness submitted by the program developer and determine that the program meets its stated objectives along with the educational needs of others. These validated programs become part of the National Diffusion Network (NDN).

> The National Diffusion Network was established upon the belief that there are few problems encountered by schools that have not been solved successfully in some other location. The primary function of the NDN is to disseminate information about JDRP approved programs so that educational agencies with special needs may choose from an array of programs that particular program which meets the agency's needs, philosophy, and sources. (*Educational Programs That Work*, Sopris West, Inc.: Longmont, CO, 1984)

For further information contact: Executive Secretary, Joint Dissemination Review Panel, U. S. Department of Education, Room 713D Brown Building, 400 Maryland Avenue SW, Washington, D.C.

The physical education projects summarized in this document are:

- Athletic Health Care and Training Program
- Every Child A Winner
- PEOPEL
- Physical Efficiency and Corrective Physical Education
- I CAN Instructional Physical Education System
- Sequential Physical Education Reform: The M-5 Project
- Individual Education Program in Physical Education (IEP/PE)

The following pages include the project summaries, taken from *Educational Programs That Work* (1984).

▶ Project ATHLETIC HEALTH CARE AND TRAINING PROGRAM

A comprehensive health care system for interscholastic athletic participants and coaching staff.

▶ Audience

Approved by JDRP for high school athletics—coaches, school nurses and student trainers.

▶ Description

The program provides secondary schools with a comprehensive health care system of injury prevention and management to help meet the educational, organizational and record keeping needs of their interscholastic athletic programs. State-of-the-art sports medicine methods used at major universities have been adapted to the high school level.

Several program developed manuals accompany the program. A 300 page text accompanies the 27-hour educational training course for coaches and student trainers. The course uses lectures, slides, charts, demonstrations and hands-on laboratory sessions. The Student Trainer Supervisor's Manual provides guidelines for selecting, utilizing and evaluating student trainers. The Assessment Manual provides standards and guidelines regarding staff training and athletic facilities. After an adopter completes the self-assessment, the schools develop a corrective action plan for noted deficiencies. The Communications Manual explains the use of several forms which integrate and streamline record keeping to provide for coordinated communication between the health care team, parents, and personal physicians. These forms include the Daily Injury Report, Athlete Injury Report, Training Room Treatment Log, Doctor's Sports Injury Report and Master Daily Red Cross List.

Evaluation and feedback are integral parts of the program. These provide positive reinforcement to coaches and administrators, as well as help to shape the behaviors and attitudes of coaches and student trainers until the recommended procedures and guidelines become second nature. These include the Assessment Report, Sideline Observations, Injury Data Analysis and Injury Management based on case study profiles. Computer printouts are used to supply some feedback. The Continuing Education Committee of the American College of Sports Medicine has endorsed the efforts of the program developer.

▶ Requirements

Written support from school administration and local medical community. Assessment of athletic program. Appointment of student trainer supervisor. A 27-hour training session for all coaches and seven to ten student trainers is required. Formation of a centralized training room. Institution of daily program procedures. Accurate record keeping. Full participation in the evaluation components. Successful implementation requires a commitment to change and attention to detail on a routine basis.

▶ Costs

Adoption expenses are negotiable. Within Washington State, costs are approximately $6,000-$8,000; outside the state, $7,000-$10,000. A 5-day training course is required for head and assistant coaches and student trainers. Course textbook (330 pages), an assessment manual (150 pages), and several implementation manuals (55-80 pages) are provided. Supplies of the six forms, numerous protocols and emergency preparedness items are provided. Recurring-year costs are between $1,500-$2,500 (mostly for training new students and on-going evaluation/educational statistical reports).

▶ Services

Awareness materials are available at no cost. Visitors are welcome by appointment at project site and additional demonstration sites in home state. Project staff are available to attend out-of-state awareness meetings (expenses negotiable). Training is conducted at adoption site (travel, per diem, and honorarium negotiable). The figures quoted above include all costs (except travel and per diem costs) for training, implementation, follow up and evaluation services.

▶ Contact

Dr. Stephen G. Rice; Athletic Health Care and Training Program; Division of Sports Medicine GB-15; University of Washington; Seattle, Washington, 98195. (206) 543-1550 or 324-5116.

Developmental Funding: USOE ESEA Title IV-C JDRP No. 82-37 (7/21/82)

▶Project EVERY CHILD A WINNER with Movement Education

An individualized movement education program providing mainstreaming and success experiences for all children regardless of physical or mental ability.

▶Audience

Approved by JDRP for students Grades K-6.

▶Description

The program design provides developmental movement experiences for children centered on themes of space awareness, body awareness, quality of body movement, and relationships. These themes are taught through creative games, creative dance, and educational gymnastics. Competition is found in the program only when child-designed. The project slogan, "Every Child A Winner," finds expression through the discovery learning approach to teaching movement. Students are encouraged to reach their personal potential, and "winning" occurs as each child does his or her best.

Every Child A Winner Lesson Plans includes 31 behaviorally stated objectives, with lesson plans written to enable teachers to meet these objectives. Training is designed to help classroom teachers and physical educators implement the lessons. The lessons are designed to enhance the child's self-concept, to improve academic skills, and to improve physical fitness and motor skills.

Phase I Training (three days) includes an accountability model for program implementation, teaching techniques for Every Child A Winner movement lessons, and sessions on public relations related to successful implementation of the program. Phase II Training (two-day continuation) provides detailed information on refining students' movement skills and assistance in implementation in the upper grades.

The program should be implemented first in K-3, with a plan for expanding to K-6.

▶Requirements

Program can be conducted by classroom teachers and/or physical educators. Pupil-teacher ratio 1:30. Five-day training is essential, with a plan for additional inservice at the adopter site. Facilities needed are a multipurpose room or indoor area large enough for participation, as well as outdoor space to conduct movement lessons. Schedule of 30 minutes per day, five days per week. Equipment for each child beginning at kindergarten or K-3 from list supplied by project. Training materials and resource books are required. An agreement between the project and adopter is required.

▶Costs

Training materials: One copy per training participant, Every Child A Winner...A Practical Approach to Movement Education, $10 each. Resource book list and equipment list supplied by project. Costs vary depending on the number of students involved.

▶Services

Awareness materials are available at shared cost. Visitors are welcome by appointment at project site and additional demonstration sites in home state and out-of-state. Project staff are available to attend out-of-state awareness meetings (cost to be negotiated). Training is conducted at project site (costs to be negotiated). Training is also available at adopter site (costs to be negotiated). Implementation and follow-up services are available to adopters (costs to be negotiated).

▶Contact

Martha F. Owens; Every Child A Winner; Irwin County Schools; Box 141; Ocilla, GA 31774. (912) 468-7098.

Developmental Funding: USOE ESEA Title III JDRP No. 74-60 (6/6/74)

▶ Project PEOPEL

Physical Education Opportunity Program for Exceptional-Handicapped Learners. A success-oriented P.E. Program featuring supervised peer-tutors (student aides) and individualized learning and instruction.

▶ Audience

Approved by JDRP for handicapped students and nonhandicapped peer-tutors, Grades 9-12. This program has been adapted for use in middle and elementary schools, but no evidence of effectiveness has been submitted to or approved by the Panel.

▶ Description

Project PEOPEL was developed to help schools meet the needs of both handicapped (exceptional) and nonhandicapped students through peer-tutoring in a success oriented physical education experience. PEOPEL is designed for students who because of some physical, mental, social, or emotional condition will benefit more from an individualized program than from general physical education. Through individualized learning in physical education, students develop mental, social, emotional, and physical abilities at their own pace. The emphasis on the individualized learning of a variety of physical activities is made possible by utilizing peer-tutors, called PEOPEL Student Aides, who have completed a special training/orientation class and are under the direct supervision of the physical education teacher. This provides a one-to-one instruction ratio in a coeducational setting with up to 30 students per class (15 exceptional learners and 15 student aides). Each student experiences fun and daily success in a variety of individual, dual, or team activities. The organization of PEOPEL Teacher's Guide has 35 separate Units of Instruction, which were developed with task analyzed performance objectives. Unit of Instruction Performance Objectives are included for history, basic rules, etiquette, terminology, safety, and skill progressions. Other PEOPEL materials are the Administrative Guide and Student Aide (peer-tutor) Orientation Guide.

PEOPEL inservice training is designed to assist physical education teachers and support staff in implementing the peer teaching components of PEOPEL within their school. Training encompasses both administrative and instructional considerations, as well as short- and long-term planning. Staff training participants include an administrator, counselor, special educator, physical educator, and school nurse from each adopting school. One day of staff training is required for three or fewer adopting schools; one and one-half to two days of training for four or more schools.

▶ Requirements

Program implementation is flexible according to the needs of students, a class, a school, or a district. Instructional procedures enable a school/district to implement PEOPEL with student aides and exceptional students with varying abilities in Grades 9-12. No special equipment or facilities are required. Inservice training is designed to meet the needs of the participating teachers, programs, and schools. With inservice training, existing teaching personnel who have a sincere interest can implement the program.

▶ Costs

Training materials (PEOPEL guides, manual, and assessment charts) at no cost to participant. Training materials provide administrative and instructional guideline considerations for programming in physical education with trained student aides. Other materials and costs available upon request. Implementation costs based on teacher's salary at 30:1 student-to-teacher ratio. General physical education equipment is used.

▶ Services

Awareness materials are available at no cost. Visitors are welcome at project site during school year by appointment. Project staff are avilable to attend out-of-state awareness meetings (costs to be negotiated). Training is conducted at PEOPEL project site (adopter pays own travel costs). Training is also available at adopter site (all travel expenses must be paid). Follow-up services are available to adopter, as needed.

▶ Contact

Ed Long, Director; Project PEOPEL; Phoenix Union High School System; 2526 W. Osborn Road; Phoenix, AZ 85017. (602) 251-3867. Larry Irmer, Coordinator; 3839 West Camelback Road; Phoenix, AZ 85019. (602) 841-3124.

Developmental Funding: USOE ESEA Titles III and IV-C JDRP No. 79-10 (3/28/79)

▶ Project PHYSICAL EFFICIENCY AND CORRECTIVE PHYSICAL EDUCATION (PECPE)

A program teaching the effects of proper exercise on the total functional capacity of the human organism.

▶ Audience

Approved by JDRP for Grade 7. This program has been used in other settings with Grades 5-6 and 8-12, but no evidence of effectiveness has been submitted to or approved by the Panel.

▶ Description

The importance of good physical health and its positive contribution to mental and emotional well-being is widely recognized and well documented by research. The philosophy underlying PECPE is that a scientifically planned program is more likely to improve physical health and conditioning than less-structured, traditional physical education programs.

PECPE seeks to add to an otherwise comprehensive physical education program that will meet three important objectives: increased physical strength; and expanded range of motion for arms, legs, and hips; and improved cardiorespiratory efficiency.

All children, including mainstreamed special education students, are involved. During the initial orientation period, individual strength and endurance are assessed. Prescriptions are made to permit every student to perform at the optimal level.

Students spend three one-hour periods a week in exercises prescribed to meet program objectives. Each period begins with 15 stretching exercises, which aid in increasing the motion range of body joints and result in total muscle warm-up prior to performance of physical activity. Second, neuromuscular integration activities, which reveal the physical nature of students with respect to dynamic energy, flexibility, balance, and general body control, develop a high level of general motor educability. Next, to promote the simultaneous development of muscular strength and endurance, students complete an 11-station circuit on a multistation weight machine. Last, activities enhancing cardiovascular efficiency (running, jumping rope, rowing) are engaged in for five one-minute periods, with 30 seconds of rest between periods. Each student strives for a pulse rate of 180 beats per minute, considered optimal for the age group. An individual record card showing daily progress on these activities is maintained for each student.

▶ Requirements

A multistation weight machine and an exercise room large enough to house it are required. Adopters must complete one day of training.

▶ Costs

Equipment required costs roughly $5,000 and can serve as many as 600 students. Training costs are reimbursed.

▶ Services

Awareness materials are available at no cost. Visitors are welcome by appointment. Project staff are available to attend out-of-state awareness conferences (expenses must be paid). Training is conducted at project site. Training is also conducted at adopter site (project staff costs and expenses must be paid).

▶ Contact

Marvin R. Rexroad, Project Director; Jackson Junior High School; 34th Street; Vienna, WV 26105. (304) 295-4555.

Developmental Funding: USOE ESEA Title III and IV-C JDRP No. 79-37 (9/26/79)

▶Project I CAN INSTRUCTIONAL PHYSICAL EDUCATION SYSTEM

Improving instruction in physical education, preschool through secondary.

▶Audience

Approved by JDRP for handicapped children, regular and/or special education classes.

▶Description

I CAN is a physical education program that has four major characteristics: it offers diagnostic/prescriptive teaching for students from near zero competence to functional competence in many physical performance skills, can serve as either a complete or supplemental program, requires no fancy equipment or facilities, and aids in compliance with P.L. 94-142.

An Implementation Guide describes program planning, assessment of student status, prescription, teaching/learning activities for the prescriptions, and evaluation of instruction.

The Instructional Resource Material describes primary and secondary program content. Primary content describes 71 performance objectives for ages 5 through 14 in fundamental motor skills, body management, health and fitness, and aquatics. Secondary content, for ages 15 through 25, has a total of 79 performance objectives in backyard/neighborhood activities, team sports, outdoor activities, and dance and individual sports. Prescription and teaching follow assessment of student performance. Daily lessons can include one or more performance objectives. Reassessment determines how fast achievement occurs, helps to plan subsequent instruction, and serves as a basis for reporting progress and evaluating program effectiveness.

▶Requirements

Project I Can Training Model is 2-4-1: two days intensive workshop followed by four implementation/follow-up visits, concluding with one day Planning/Evaluation Workshop conducted by regional certified I CAN trainers at school/class adoption sites. Designated local personnel can be trained to provide implementation/follow-up if desired.

▶Costs

The adopter site must provide substitute teachers and/or released time for workshops. Necessary materials: Manual and Preview Packet ($20/teacher). Cost of I CAN instructional materials (available commercially) dependent upon teacher, school, or district selection of essential physical education objectives to be taught at different program levels, preschool-secondary.

▶Services

Awareness materials are available at cost; free sample available upon request. Visitors are welcome at designated demonstration sites during the school year by appointment. Project staff and regionally located certified I CAN trainers are available for awareness meetings, training workshops, implementation/follow-up services, and Leadership Training Institutes in and out-of-state (costs to be negotiated). Staff are available to assist potential adoption site in writing adoption grants (costs to be negotiated).

▶Contact

Janet A. Wessel, Professor and Director; Michigan State University; Room 134 IM Sports-Circle; East Lansing, MI 48824. (517) 355-4740.

▶ **Project**

SEQUENTIAL PHYSICAL EDUCATION REFORM

The M-5 Project. A logical, sequential, self-directed program in physical education that fosters knowledge about P.E. and positive attitudes toward becoming and staying physically fit.

▶ **Audience**

Approved by JDRP for students of all abilities, grades K-6.

▶ **Description**

The project's mission is to give students and their teachers knowledge about physical education and positive attitudes toward becoming and staying physically fit. Activities are built around major skill areas through the use of a variety of techniques that include specially designed learning centers and individualized learning activities.

The program endeavors to enable each child to develop physically, emotionally, socially, and mentally through the medium of physical activity. At the beginning of each school year, students are requested to complete a health appraisal form which aids teachers in recommending individual programs. As soon as the forms are returned, physical fitness testing begins, with each child being tested on the following skills: bench push-ups, curl-ups, squat-jumps, standing broad-jump, and the 30-yard dash. After testing, skill level needs are determined and the M-5 program begins.

All students visit six movement activity centers two days a week for approximately five minutes. The centers are designed to develop fitness and movement skills through sequential activities from lower to higher levels; as skills are developed, students progress to the next higher skill level, which allows students to gain the foundations needed in a logical and sequential manner. One day a week is spent in self-testing to determine improvement, the remaining two days in movement motivators; bean-bag activities, group and creative games, gymnastics, hoop activities, parachute activities, and yarn-ball activities. In addition, students are encouraged to be self-directive and to develop interest and proficiency in worthwhile recreational activities. It is expected that through this effort students will develop physically, emotionally, socially, and mentally as they engage daily in physical education.

▶ **Requirements**

Obtaining Movement Activity Center Curriculum Card File; providing inservice staff development time for instructional workshop for classroom teachers and physical education staff; obtaining materials and equipment necessary for physical education activities. Beyond this point, only mutually agreeable aspects of adoption are involved, the extent of which must be determined by adopters.

▶ **Costs**

The start-up costs for an average-sized elementary school (500-600 students) are approximately $2,120 if everything on the equipment list and material list is purchased. These costs include $1,090 for materials and $850 for equipment. Potential adopters should examine the materials and equipment lists very carefully, since many of the items may already be available in the schools.

▶ **Services**

Awareness materials are available at no cost. Visitors are welcome anytime by appointment at project site and additional demonstration sites in home state and out-of-state. Project staff are available to attend out-of-state awareness meetings (costs to be negotiated). Training is conducted at project site (adopter pays only its own costs). Training is also available at adopter site (costs to be negotiated).

▶ **Contact**

Carolyn M. Morphy, Director; McBee Institute of Creative Education, Inc.; P. O. Box 1315; Marion, NC 28752-1315. (704) 756-4871.

Developmental Funding: USOE ESEA Title IC-C JDRP No. 78-172 (5/13/78)

▶ **Project** **INDIVIDUAL EDUCATION PROGRAM IN PHYSICAL EDUCATION (IEP/PE)**

A program to aid in the development of physical education components for handicapped children.

▶ **Audience**

Approved by JDRP for special and physical education teachers of handicapped children of any age, level, or degree of handicap who require an adaptive or specially designed physical education program.

▶ **Description**

In order to fulfill the requirements of P.L. 94-142, physical education components must be included in the education programs of handicapped children, when applicable. The IEP/PE Program trains special and physical education teachers to increase their proficiency levels in developing physical education components pertaining to the five basic motor movements.

The intervention process requires six to eight months to implement. Adopters are provided a two-day workshop which incorporates not only familiarization with the program, but also active participation in using the model curriculum design to assess student abilities, remediate ineffective movements, and develop IEPs in physical education.

A Teacher Training Package, including expansion and modification of activities and games as related to the IEP/PE Program, is also incorporated into the training session. Training films of efficient and inefficient movements are utilized to further enhance teacher proficiency. Telephone and written communications are maintained between adopter and project throughout the school year.

▶ **Requirements**

The IEP/PE Program may be adopted by as few as one or a maximum of 50 special and physical education teachers. Each school district represented must designate a "contact" person to act as a liaison between the adopter and the project.

▶ **Costs**

A minimum of two days release time must be provided for each teacher trainee. Each teacher trained and utilizing the program must have a Model Program curriculum manual, $35, and a Teacher Training Package, $10. Training films and adapted equipment are optional.

▶ **Services**

Awareness materials are available at no cost. Interested individuals are welcome at the project site at any time by appointment. Project staff are available to attend out-of-state awareness meetings, regional or national conferences, or training sessions (costs to be negotiated). Follow up visits are available (costs to be negotiated).

▶ **Contact**

Mrs. Gay Clement, IEP/PE Program Coordinator; UAF/USC; Benson Building; Columbia, SC 29208. (803) 777-4465

Developmental Funding: South East Regional Resource Center JDRP No. 81-41 (12/15/81)

MOTOR ASSESSMENT INSTRUMENTS

The following instruments are provided as examples of current physical education assessment tools:

FITNESS

AAHPERD YOUTH FITNESS TEST

Source: Hunsicker, P. and Reiff, G., Washington, D.C.: American Alliance for Health, Physical Education, Recreation, and Dance, 1976.

Population: age 10 to 17

Reference: norm

Test Items/Components: cardiovascular function, abdominal strength/endurance, arm/shoulder strength/endurance, explosive leg strength, speed/explosive leg strength, speed/agility

AAHPERD SPECIAL FITNESS TEST

Source: Washington, D.C.: American Alliance for Health, Physical Education, Recreation, and Dance, 1976

Population: mildly mentally retarded, age 6-19

Reference: norm

Test Items/Components: cardiovascular function, abdominal strength/endurance, arm/shoulder strength/endurance, explosive leg strength, speed/explosive leg strength, speed/agility, skill, and coordination

PROJECT UNIQUE FOR BLIND, DEAF, AND ORTHOPEDICALLY IMPAIRED

Source: Winnick, J. and Silva, J., Brockport, New York: State University of New York, 1979

Population: blind, deaf, orthopedically impaired

Reference: norm

Test Items/Components: cardiovascular function, dynamic strength/endurance, static muscular strength, explosive muscular strength, flexibility, static balance, agility, percent body fat

MOTOR FITNESS TEST FOR THE MODERATELY MENTALLY RETARDED

Source: Johnson, L. and Londeree, B., Washington, D.C.: American Alliance for Health, Physical Education, Recreation, and Dance, 1976

Population: moderately mentally retarded, age 6-20

Reference: norm

Test Items/Components: arm/shoulder girdle strength, efficiency of abdominal and hip flexor muscles, muscular power/coor dination, speed, height, weight, flexibility, developmental skill

PERCEPTUAL MOTOR

FROSTIG DEVELOPMENTAL TEST OF VISUAL PERCEPTION

Source: Frostig, M. et. al., Palo Alto, CA: Consulting Psychologist Press, Inc., 1966

Population: school age children

Reference: norm

Test Items/Components: eye-motor coordination, figure-ground, form constancy, position in space, spatial relations

PURDUE PERCEPTUAL-MOTOR SURVEY
Source: Roach, E. and Kephart, N., Columbus, Ohio: Charles E. Merrill Publishing Co., 1966
Population: age 6 to 10
Reference: norm
Test Items/Components: balance and posture, body image and differentiation, perceptual-motor match, ocular control, form perception

SOUTHERN CALIFORNIA PERCEPTUAL-MOTOR TESTS
Source: Ayres, J., Los Angeles, CA: Western Psychological Services, 1969
Population: age 4 to 8
Reference: norm
Test Items/Components: imitation of postures, crossing midline of the body, bilateral motor coordination, right-left discrimina tion, standing balance (eyes open/eyes closed)

GENERAL MOTOR PROFICIENCY

SIX CATEGORY GROSS MOTOR TEST
Source: Cratty, B. J., Perceptual-Motor Behavior and Educational Processes, Springfield, IL: Charles C. Thomas, 1969
Population: normal children, age 4-11; mentally retarded children, age 5-24
Reference: norm
Test Items/Components: body perception, gross agility, balance, locomotor agility, ball throwing, ball tracking

BRUININCKS-OSERETSKY TEST OF MOTOR PROFICIENCY
Source: Circle Pines, Minnesota: American Guidance Service, 1978
Population: age 4 to 14
Reference: norm
Test Items/Components: running speed and agility, balance, bilateral coordination, strength, upper-limb coordination, response speed, visual motor control, upper-limb speed and dexterity

PROJECT ACTIVE
Source: Township of Ocean School District, Dow Avenue, Oakhurst, NY
Population: age 5 to 17
Reference: norm
Test Items/Components: gross body coordination, balance/posture orientation eye-hand coordination, eye-foot accuracy, arm strength, abdominal strength, leg strength, endurance

FUNDAMENTAL MOTOR SKILLS

THE O.S.U. SIGMA (SCALE OF INTRA-GROSS MOTOR ASSESSMENT)
Source: Loudonville, Ohio: Mohican Textbook Publishing Co.
Population: children with suspected motor dysfunction
Reference: criterion
Test Items/Components: walking, stair climbing, running, throwing, catching, jumping, hopping, skipping, striking, kicking, ladder climbing

I CAN PRIMARY SKILLS
Source: Northbrook, Illinois: Hubbard Scientific Co., 1975
Population: age 5 to 14
Reference: criterion
Test Items/Components: 71 performance objectives for fundamental skills, body management, health/fitness and aquatics

SPORT/GAME SKILLS

I CAN SECONDARY SKILLS
Source: Northbrook, Illinois: Hubbard Scientific Co., 1975
Population: age 15 to 25
Reference: criterion
Test Items/Components: 79 performance objectives for backyard/neighborhood games, team sports, outdoor activities, dance, and individual sports

PHYSICAL EDUCATION MEASUREMENT TEXTS
The following texts contain sports skill tests in a variety of areas:

Baumgartner, T. A. and Jackson, A. S. *Measurement for Evaluation in Physical Education*. 2nd ed. Boston: Houghton Mifflin, 1981.

Johnson, B. L. and Nelson, J. K. *Practical Measurements for Evaluation in Physical Education*. 3rd ed. Minneapolis: Burgess, 1979.

Safrit, M. J. *Evaluation in Physical Education: Assessing Motor Behavior*. 2nd ed. Englewood Cliffs, NJ: Prentice-Hall, 1980.

ACCESSIBILITY CHECKLIST

Building Access

____ easy access by foot, wheelchair or vehicle
____ physical education and academic buildings are located so that classes can be changed on time
____ walkways are at least 45 inches wide
____ walkways are smooth, firm, and free of cracks without abrupt level changes
____ motorized vehicles are banned from regular use of walkways
____ main entrances are at ground level
____ approaches are no steeper than a 1" to 12" ratio
____ approaches have at least one handrail on one side, 32 inches above surface level, that extends one foot beyond top and bottom
____ crosswalks or ramp intersections are at the same level
____ entrance door has level platform at least 6' by 6' which extends at least one foot beyond each side of the doorway

Building Entrance

____ doorway has at least a 36" clearance
____ doors can be opened with a single effort
____ doors are automatically activated
____ doors are provided with a delayed closing time mechanism
____ entrances are provided with emergency manually-operated doors adjacent or near the automatically-activated doors
____ doors are provided with both push and pull bars
____ doors are provided with a shatterproof glass insert
____ doors allow for a small child or a person in a wheelchair to see through to the other side or be seen from the other side
____ doors are provided with kick plates of appropriate materials from the bottom of the door to at least 16" from the floor
____ thresholds and door saddles are flush with the floor or no more than a half-inch high

Rest Rooms

____ rest rooms are conveniently located
____ entrances to toilets are on the same level as the toilet floor
____ the entrance to the rest room is at least 36 inches wide at all points
____ there is at least a 5' by 5' clear area inside the rest room
____ at least one toilet stall is equipped for wheelchair students
____ the height of at least one lavatory is not more than 30 inches above the floor level
____ the bottom height of at least one paper towel dispenser or hand air dryer is no more than 40 inches above the floor level
____ the lavatories are wall-mounted with narrow aprons

Water Fountains

____ water fountains have up-front spouts and controls
____ water fountains can be hand and/or foot operated
____ water fountains are mounted 33" above the floor

Ramps

____ the ramp surface is smooth, hard and non-slip
____ the ramp width is 5 feet or more so as to allow two wheelchairs to pass safely in opposite directions
____ ramp includes middle and side handrails
____ the ramp is no steeper than 1 foot in height for each 12 feet horizontally
____ a 5-foot long level platform is provided at least every 30-foot interval
____ level platforms, each 5 feet long are provided for every turn of the ramp
____ there is at least a 6-foot level platform at the bottom of the ramp

Stairs

____ risers are 7" or less
____ nosing of steps is slanted
____ all corners on stairs are rounded
____ at least one handrail is provided
____ treads are provided with non-slip surfacing
____ at least a 5-foot level platform is provided at the top and bottom of the staircases

Locker/Shower Rooms

____ there are horizontal lockers for handicapped
____ provisions are made for locking devices that are easier to manipulate for the physically or visually handicapped
____ shower heads and their controls may be used while seated in a wheelchair
____ shower facilities are equipped with approved grab rails
____ there are hair dryers for the handicapped
____ lockers for the handicapped are free of impediment by benches, etc.
____ hot/cold water controls have tactile markings for visually handicapped

Provisions for the Visually Handicapped

____ characters differentiating rest rooms are markedly different
____ room signs are placed at approximately a 5-foot height
____ doors are free of signs except arrow indicator
____ a tactile orientation map is placed to the left of the main entrance at a 5-foot height
____ the buildings are lighted sufficiently to aid the visually handicapped
____ signs are painted with highly visible colors

Aquatic Facilities

____ water temperature can be adjusted to reach 80-90 degrees F
____ dressing/shower/toilet facilities are convenient to pool
____ wheelchairs can move easily from shower room to pool deck
____ the enclosed pool temperature can be adjusted to reach 5-7 degrees F above the water temperature
____ pool water depths are adjustable
____ a ramp or lift is available to facilitate pool entry/exit by physically handicapped

Emergency Needs

____ warning light system is available along with a sound alarm
____ emergency directional signs are in tactile symbols
____ emergency directional signs are color coded
____ fire alarms are no more than 48" above floor level
____ fire extinguishers are no more than 48" above floor level

General

____ all operational devices (light switches, door knobs, locker handles/locks, telephones, etc.) are no more than 48 inches above floor level
____ all rooms and public places of assembly are accessible by a ramp or level entrance
____ all floors have a non-slip surface treatment

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